#### **Application Data Sheet**

#### **Application Information**

Application number::

Filing Date::

February 27, 2004

Application Type::

Regular Utility

Subject Matter::

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs:: Sequence submission?::

Computer Readable Form (CFR)?::

Number of copies of CRF::

Title::

Systems and Methods for Authorizing and Processing Reimbursements for Services Provided in the Collection of

Implantable Medical Device

Data

Attorney Docket Number::

301131

Request for Early Publication?::

No Yes

Request for Non-Publication?:: Suggested Drawing Figure::

6a

Total Drawing Sheets::

13 No

Small Entity?::

Latin name::

Variety denomination name::

Petition Included?::

No

**Petition Type:** 

Licensed US Govt. Agency:: Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

No

# **Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Ann

Middle Name:: Family Name::

M.

Name Suffix::

City of Residence:: Circle Pines

State or Province of Residence:: MN Country of Residence:: US

Street of mailing address:: 120 Indian Hills Lane

City of mailing address:: Circle Pines

State or Province of mailing address::

Country of mailing address::

US

Postal or Zip Code of mailing address::

55014

Applicant Authority Type:: Inventor Primary Citizenship Country:: AU

Status:: Full Capacity

Given Name::

Middle Name::

R. H.

Family Name::

PRATT

Name Suffix::

City of Residence:: Arden Hills

State or Province of Residence:: MN Country of Residence:: US

Street of mailing address:: 1390 Indian Oaks Court

City of mailing address:: Arden Hills

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55112

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Richard

Name::

Family Name:: FEARS

Name Suffix::

City of Residence:: Moundsview

State or Province of Residence:: MN Country of Residence:: US

Street of mailing address:: 8322 Knollwood Drive

City of mailing address:: Moundsview

State or Province of mailing address:: MN

Country of mailing address:: US
Postal or Zip Code of mailing address:: 55112

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

**Full Capacity** Status::

Karen Given Name::

Middle Name::

Family Name:: **ROGALLA** 

Name Suffix::

City of Residence:: Little Canada

State or Province of Residence:: MN Country of Residence:: US

Street of mailing address:: 3006 Vanderbie Street

City of mailing address:: Little Canada

State or Province of mailing address:: MN Country of mailing address:: US Postal or Zip Code of mailing address:: 55117

Applicant Authority Type:: Inventor **Primary Citizenship Country::** US

Status:: **Full Capacity** 

Given Name:: Rocco Middle Name:: E.

Family Name:: ROSSINNI

Name Suffix::

City of Residence:: St. Paul State or Province of Residence:: MN

Country of Residence:: US

Street of mailing address:: 2377 Roselawn Avenue West

City of mailing address:: St. Paul State or Province of mailing address:: MN Country of mailing address:: US

Postal or Zip Code of mailing address:: 55113

# **Correspondence Information**

Correspondence Customer Number:: 25764

Name::

Street of mailing address:: City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Assignee Information**

Assignee name:: Cardiac Pacemakers, Inc. Street of mailing address:: 4100 Hamline Avenue North

City of mailing address:: St. Paul

MN

State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address:: US

55112

DNVR1:60258129.01